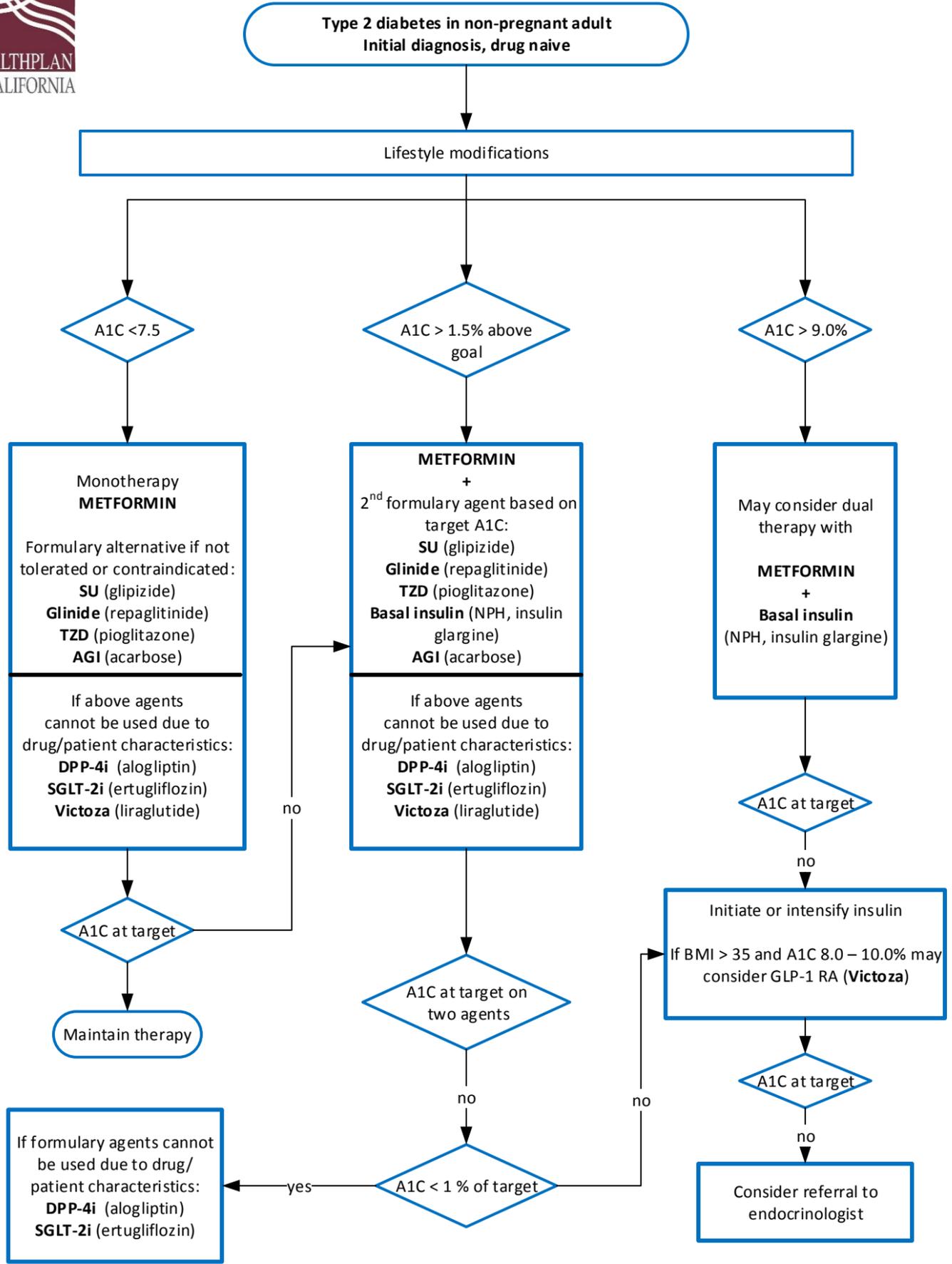


PHC Diabetes Decision Flowchart for Covered Medications 2020



DRUG CLASS	MEDICATION					
Sulfonylureas (SU)	Glipizide	Glimepiride	Glyburide <i>Non-preferred</i>			
Meglitinides (GLN)	Repaglinide	Nateglinide				
Thiazolidinediones (TZD)	Pioglitazone					
A-glucosidase Inhibitors (AGI)	Acarbose	Miglitol				
DPP-4 Inhibitors (DPP-4i) \$\$\$\$	Alogliptin <i>Formulary step</i>	Sitagliptin <i>Non-formulary</i>	Linagliptin <i>Non-formulary</i>	Saxagliptin <i>Non-formulary</i>		
SGLT-2 Inhibitors (SGLT-2i) \$\$\$\$\$	Ertugliflozin <i>Formulary step</i>	Canagliflozin <i>Non-formulary</i>	Dapagliflozin <i>Non-formulary</i>	Empagliflozin <i>Non-formulary</i>		
GLP-1 receptor agonists (GLP-1 RA) \$\$\$\$\$\$	Liraglutide <i>Formulary step</i>	Dulaglutide <i>Formulary step</i>	Exenatide <i>Non-formulary</i>	Exenatide ER <i>Non-formulary</i>	Lixisenatide <i>Non-formulary</i>	Semaglutide <i>Non-formulary</i>
* Relative cost: each \$ = \$100						

- Initiate metformin 500 mg ½ to 1 tablet once a day with meal and slowly titrate up q 5-7 days. If gastrointestinal side effects occur, consider ER formulation (500 mg and 750 mg on formulary).
- Alternatives to SU should be considered if BMI > 35 or eGFR < 30 ml/min.
- Can consider DPP-4i if expected change in A1C is <1% in order to reach patient specific target.
- Approval will be given for non-formulary SGLT-2i (empagliflozin, canagliflozin, dapagliflozin) in members with established atherosclerotic cardiovascular disease, heart failure or diabetic nephropathy.
- Per AACE guidelines, patients taking 2 oral antihyperglycemic agents with an A1C >8.0% and/or long-standing diabetes are unlikely to reach their target A1C with a third oral antihyperglycemic agent.
- Per AACE guidelines, prandial insulin should be consider when the total daily dose of basal insulin is greater than 0.5 U/kg. Beyond this dose of basal insulin, the risk of hypoglycemia increases without significant improvement in A1C.
- Per ADA guidelines, SU and DPP-4i are typically stopped once more complex insulin regimens beyond basal insulin are used.
- Per ADA guidelines, for patients with suboptimal blood glucose control, especially those requiring increasing insulin doses, adjunctive use of TZD (usually pioglitazone) or SGLT-2i may improve control and reduce the amount of insulin needed, although potential side effects should be considered.

References:

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